

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title Last Name* NESLUND My employe	First Name* MELISSA er is a 501c(3) non-profit organization	Suffix	Middle
EMPLOYING ENTITY	My employe behalf	r is registered as a business entity, pays a	an entity registrati	on fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Busing 100 CONGRESS City* AUSTIN	iness Street Address* AVE	Apartment or STE 1300 State* TX	Suite Number Zip Code* 78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing 100 CONGRESS City* AUSTIN		Apartment or STE 1300 State* TX	Suite Number Zip Code* 78701
	1			



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	☐ I am registering as a new lobbyist							
	I am renewing my annual lobbyist registration							
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period							
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:							
Check all that apply	☐ January ☐ April ☐ July ☐ October							
	☐ I am correcting the information provided on a previously filed report Previous Report Type: Previous Report Date							
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.							



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Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than or	ie Municipal Questioi	n, click the "Add Additional Municipal Quest	ion" button below.							
SPECIFIC DESCRIPTION MUNICIPAL QUESTI	. FNITITI EMEI	NTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRE	descrip	unicipal question pertains to real property. *otion is required.								
OR	Address		Suite or Apartmo	ent Number						
LEGAL DESCRIPTION	70 PASCAL	LANE								
	City		State	Zip Code						
	AUSTIN		TX	78746						
	Property Le	egal Description								
Subject Matter(s)*: Che	eck all subject matter	rs that apply to the municipal question above	e							
Accessibility or Per	sons with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	r 🔀 Permits	(Building, Site Plans)						
Affordability		Finance, Budget, or Investments	Permits	(Other)						
Animals		Health, Healthcare, Mental Health, o Human Services		afety, Policy, Fire, EMS, or ency Planning and Response						
Annexation		Historic Preservation	Public U or Recy	Itilities, Energy, Water, Solid Waste cling						
Arts, Music, Film, C Creative Industries		Hospitality, Tourism, Events, or Conv Center	vention Quality	Quality of Life Affairs						
Aviation		Human Rights or Immigration	Real Est	tate						
City Infrastructure	or Public Works	Labor or Workforce	Rules, P	Proposed Rules, or Rule Making						
Civil Service, Munic	cipal Employment, or			n or Fees						
Code Compliance		Municipal Court	Technol	logy or Communications						
Construction		Municipal Legislation		ortation or Mobility						
Contracts or Procu	rement	Neighborhoods ■ Meighborhoods ■ Meighborhoods	Zoning (or Platting						
Diversity, Equity, o	r Inclusion	Parks, Recreation, Libraries, or Muse	eums							
Economic Develop	ment	Other:								



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To report more than one Munici	ipal Question, clic	k the "Add Additional Mun	icipal Question" butto	n below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ITITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	This municip description i	al question pertains to reals s required.		d, either a prop					
OR	721 CONGRESS A	VE							
LEGAL DESCRIPTION	City		State	9	Zip Code				
	AUSTIN		TX		78701				
	Property Legal De	escription							
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal que	estion above						
Accessibility or Persons with	Disabilities	Environmental Matters, Quality, or Watershed F	, Air or Water Protection	Permits (Bui	lding, Site Plans)				
Affordability		Finance, Budget, or Inve	estments	Permits (Oth	ner)				
Animals		Health, Healthcare, Men	ntal Health, or		y, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation		Public Utilition	es, Energy, Water, Solid Waste				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ev	ents, or Convention	Quality of Lit	fe Affairs				
Aviation		Human Rights or Immig	ration	Real Estate					
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land □ Land	and Use	Taxation or I	Fees				
Code Compliance		Municipal Court		Technology	or Communications				
		Municipal Legislation		Transportati	on or Mobility				
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting				
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libra	ries, or Museums						
Economic Development		Other:							



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PROPERTY ADDRESS	This municip description i	al question pertains to reass required.		, either a prop					
OR	8509 FM 969		Juite	or Apartment is	vuilibei				
LEGAL DESCRIPTION									
	City		State		Zip Code				
	AUSTIN		TX		78724				
	Property Legal De	escription							
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal qu	estion above						
Accessibility or Persons with	Disabilities	Environmental Matters Quality, or Watershed	s, Air or Water Protection	Permits (Bui	ilding, Site Plans)				
Affordability		Finance, Budget, or Inv	restments	Permits (Oth	ner)				
Animals		Health, Healthcare, Me	ental Health, or		y, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste,				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Education Center	vents, or Convention	Quality of Li	fe Affairs				
Aviation		Human Rights or Immig	gration	Real Estate					
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development or I	and Use	Taxation or	Fees				
Code Compliance		Municipal Court		Technology	or Communications				
		Municipal Legislation		Transportat	ion or Mobility				
Contracts or Procurement		Neighborhoods		Zoning or Pl	atting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libra	aries, or Museums						
Economic Development		Other:							



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	This municip description is		real property. *If checke							
OR		LICH BOAD	Sun	te or Apartment N	lumber					
LEGAL DESCRIPTION	4300 STAGGERBR	USH KUAD								
	City		Sta	te	Zip Code					
	AUSTIN		TX		78749					
	Property Legal De	escription								
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal	question above							
Accessibility or Persons with	Disabilities	Environmental Material Quality, or Watersh	ters, Air or Water ed Protection	Permits (Bui	lding, Site Plans)					
		Finance, Budget, or	Investments	Permits (Oth	ner)					
Animals	Animals		Mental Health, or	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response						
Annexation		Historic Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling						
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism	n, Events, or Convention	Quality of Lif	fe Affairs					
Aviation		Human Rights or Im	nmigration	Real Estate						
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development	or Land Use	∑ Taxation or F	Fees					
Code Compliance		Municipal Court		Technology (or Communications					
		Municipal Legislation	on		on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	n	Parks, Recreation, L	ibraries, or Museums							
Economic Development		Other:								



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SPECIFIC DESCRIPTION OF TI	ENTITLEMENTS	NTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	description	ipal question pertains to real property. *If chen is required.	·						
OR	Address		Suite or Apartment	Number					
LEGAL DESCRIPTION	710 WEST AVE								
	City		State	Zip Code					
	AUSTIN		TX	78701					
	Property Legal I	Description							
Subject Matter(s)*: Check a	Il subject matters th	at apply to the municipal question above							
Accessibility or Persons	with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)					
Affordability		Finance, Budget, or Investments	Permits (O	ther)					
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste g					
Arts, Music, Film, Cultura Creative Industries	al or	Hospitality, Tourism, Events, or Conventior Center	Quality of I	Life Affairs					
Aviation		Human Rights or Immigration	Real Estate						
City Infrastructure or Pu	blic Works	Labor or Workforce		oosed Rules, or Rule Making					
Civil Service, Municipal E Retirement Systems	Employment, or	□ Land Development or Land Use	Taxation o	r Fees					
Code Compliance		Municipal Court	Technology	y or Communications					
Construction		Municipal Legislation		tion or Mobility					
Contracts or Procuremen	nt	Neighborhoods	Zoning or F	Platting					
Diversity, Equity, or Inclu	usion	Parks, Recreation, Libraries, or Museums							
Economic Development		Other:							



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	This municip	al question pertains to real p s required.								
OR		DINCC DD	Suite C	or Apartment N	lumber					
LEGAL DESCRIPTION	COLTON BLUFF SE	YKINGS KD								
	City		State		Zip Code					
	AUSTIN		TX		78744					
	Property Legal De	escription								
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal ques	tion above							
Accessibility or Persons with	Disabilities	Environmental Matters, A Quality, or Watershed Pro	ir or Water stection	Permits (Bui	lding, Site Plans)					
Affordability		Finance, Budget, or Invest	ments	Permits (Oth	ner)					
Animals	Animals		al Health, or	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response						
Annexation		Historic Preservation		Public Utilities, Energy, Water, Solid Waste or Recycling						
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ever Center	ts, or Convention	Quality of Lit	fe Affairs					
Aviation		Human Rights or Immigra	tion	Real Estate						
City Infrastructure or Public	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Lan	d Use	Taxation or I	Fees					
Code Compliance		Municipal Court		Technology	or Communications					
		Municipal Legislation		Transportati	on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	n	Parks, Recreation, Librarie	es, or Museums							
Economic Development		Other:								



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	This municip	al question pertains to re s required.								
OR	6500 RR 2222		Suite	e or Apartment N	lumber					
LEGAL DESCRIPTION	0500 KK 2222									
	City		State	e	Zip Code					
	AUSTIN		TX		78730					
	Property Legal De	scription								
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal o	question above							
Accessibility or Persons with	Disabilities	Environmental Matte Quality, or Watershee	ers, Air or Water d Protection	Permits (Buil	lding, Site Plans)					
Affordability		Finance, Budget, or Ir	nvestments	Permits (Oth	ner)					
Animals	Animals		Mental Health, or	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response						
Annexation		Historic Preservation		Public Utilities, Energy, Water, Solid Waste or Recycling						
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Center	Events, or Convention	Quality of Lif	fe Affairs					
Aviation		Human Rights or Imm	nigration	Real Estate						
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development or □ Land Devel	r Land Use	☐ Taxation or F	Fees					
Code Compliance		Municipal Court		Technology of	or Communications					
		Municipal Legislation		Transportation	on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	1	Parks, Recreation, Lib	oraries, or Museums							
Economic Development		Other:								



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PROPERTY ADDRESS	This municip	al question pertains to reas required.		l, either a prop						
OR	2300 CLOUD WAY	′								
LEGAL DESCRIPTION	City		State	!	Zip Code					
	AUSTIN		TX		78759					
	Property Legal De	escription								
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal qu	estion above							
Accessibility or Persons with	Disabilities	Environmental Matters Quality, or Watershed	, Air or Water Protection	Permits (Bui	lding, Site Plans)					
		Finance, Budget, or Inv	estments [Permits (Oth	ner)					
Animals		Health, Healthcare, Me Human Services	ental Health, or [y, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation		Public Utiliti	es, Energy, Water, Solid Waste					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ev	vents, or Convention	Quality of Li						
Aviation		Human Rights or Immig	gration [Real Estate						
City Infrastructure or Public	Works	Labor or Workforce		X Rules, Propo	osed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development or L	and Use [∑ Taxation or I	Fees					
Code Compliance		Municipal Court	[Technology	or Communications					
○ Construction		Municipal Legislation		Transportati	ion or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libra	aries, or Museums							
Economic Development		Other:								



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	FIC DESCRIPTION OF THE UNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT								
P	ROPERTY ADDRESS	description is	-	-	ertains to real property. *If ch						
	OR	Address			•	Suite o	r Apartment N	Number	_		
L	EGAL DESCRIPTION	NW QUADRANT (JF PE	ARCE LN 8	& WOLF LN IN I				_		
		City				State		Zip Code			
		CEDAR CREEK				TX		78612			
		Property Legal De	escrip	tion							
Subject	Matter(s)*: Check all sub	ject matters that	appl	y to the	municipal question above						
Ad	ccessibility or Persons with [Disabilities	\boxtimes		nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)			
⊠ Af	ordability		Finance, Budget, or Investments Permits (Other		ner)						
Ar	Animals		Health, Healthcare, Mental Health, or Human Services			Public Safety, Policy, Fire, EMS, or Emergency Planning and Response					
Ar	nnexation		1.115161.1511.1511		Public Utiliti or Recycling	es, Energy, Water, Solid Was	te				
	rts, Music, Film, Cultural or reative Industries		Hospitality, Tourism, Events, or Convention Center		on	Quality of Life Affairs					
Av	viation			Human F	Rights or Immigration	\boxtimes	Real Estate				
⊠ Ci	ty Infrastructure or Public W	Vorks		Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making			
	vil Service, Municipal Emplo etirement Systems	yment, or	\boxtimes	Land Dev	velopment or Land Use	\boxtimes	Taxation or	Fees			
⊠ Co	ode Compliance			Municipa	al Court		Technology	or Communications			
⊠ Co	onstruction			Municipa	al Legislation	\boxtimes	Transportati	ion or Mobility			
Co	ontracts or Procurement		\boxtimes	Neighbo	rhoods	\boxtimes	Zoning or Pla	atting			
⊠ Di	iversity, Equity, or Inclusion			Parks, Re	ecreation, Libraries, or Museums						
∑ Ec	conomic Development			Other:							



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	C DESCRIPTION OF THE NICIPAL QUESTION*	ENTITLEMENTS REI	NTITLEMENTS RELATED TO LAND DEVELOPMENT								
PR	OPERTY ADDRESS	This municipa description is	-	-	ertains to real property				·	r legal	
	OR	Address					uite or /	Apartment N	umber		
LE	GAL DESCRIPTION										
		City				St	tate		Zip Code		
		Property Legal Des	script	ion							
		LOT 1, PLEASANT I	HILL S	UBDIVISI	ON						
Subject M	ا Aatter(s)*: Check all sub	ject matters that	apply	to the	municipal question abo	ove					
Acc	cessibility or Persons with E	Disabilities	\boxtimes	Environn Quality, o	nental Matters, Air or Wat or Watershed Protection	ter	\boxtimes	Permits (Buil	ding, Site Plans)		
∑ Aff	ordability		\boxtimes	Finance,	Budget, or Investments		\boxtimes	Permits (Oth	er)		
Ani	Animals			Health, F Human S	lealthcare, Mental Health ervices	, or		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Anr	nexation			Historic F	Preservation		Public Utilities, Energy, Water, Solid or Recycling		r, Solid Waste		
	s, Music, Film, Cultural or eative Industries			Hospitali Center	ty, Tourism, Events, or Co	nvention		Quality of Lif	e Affairs		
Avi	ation			Human R	lights or Immigration		\boxtimes	Real Estate			
⊠ City	y Infrastructure or Public W	/orks		Labor or	Workforce		\boxtimes	Rules, Propo	sed Rules, or Rul	e Making	
	il Service, Municipal Emplo tirement Systems	yment, or	\boxtimes	Land Dev	velopment or Land Use			Taxation or F	ees		
⊠ Cod	de Compliance			Municipa	al Court			Technology o	or Communicatio	ons	
⊠ Cor	nstruction			Municipa	al Legislation			Transportation	on or Mobility		
Cor	ntracts or Procurement			Neighboi	rhoods			Zoning or Pla	atting		
□ Div	ersity, Equity, or Inclusion		\boxtimes	Parks, Re	creation, Libraries, or Mu	iseums					
∑ Eco	onomic Development			Other:							



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	FIC DESCRIPTION OF THE UNICIPAL QUESTION*	ENTITLEMENTS REI	LATEC) TO LAN	D DEVELOPMENT					
P	ROPERTY ADDRESS	This municipa description is								
	OR	Address					Suite or Apartment Number			
LI	EGAL DESCRIPTION									
	City					S	State		Zip Code	
		Property Legal Des	Property Legal Description							
		MCCORMICK RAN	CH OI	N LAKE A	USTIN					
Subject	Matter(s)*: Check all sub	ject matters that	apply	y to the	municipal question ab	ove				
Ac	ccessibility or Persons with [Disabilities		Environn Quality, o	nental Matters, Air or Wo or Watershed Protection	ater 1	\boxtimes	Permits (Buil	ding, Site Plans)	
⊠ Af	ffordability		\boxtimes	Finance,	Budget, or Investments		\boxtimes	Permits (Oth	er)	
Ar	nimals			Health, F Human S	lealthcare, Mental Healt ervices	h, or			, Policy, Fire, EM! Planning and Resp	
Ar	nnexation		\boxtimes	Historic F	Preservation			Public Utilitie or Recycling	es, Energy, Water	, Solid Waste
	rts, Music, Film, Cultural or reative Industries			Hospitali Center	ty, Tourism, Events, or C	Convention		Quality of Lif	e Affairs	
☐ Av	viation			Human R	lights or Immigration		\boxtimes	Real Estate		
⊠ Ci	ty Infrastructure or Public W	Vorks		Labor or	Workforce		\boxtimes	Rules, Propo	sed Rules, or Rule	e Making
	vil Service, Municipal Emplo etirement Systems	yment, or	\boxtimes	Land Dev	velopment or Land Use		\boxtimes	Taxation or F	ees	
⊠ Co	ode Compliance			Municipa	al Court			Technology o	or Communicatio	ns
⊠ Co	onstruction			Municipa	al Legislation		\boxtimes	Transportation	on or Mobility	
Co	ontracts or Procurement		\boxtimes	Neighboi	rhoods		\boxtimes	Zoning or Pla	atting	
⊠ Di	iversity, Equity, or Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or M	luseums				
⊠ Ec	conomic Development			Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPI	MENT		
PROPERTY ADDRESS	description is		real property. *If checke		
OR	Address	=	Suit	te or Apartment N	lumber
LEGAL DESCRIPTION 220 S. CONGRE		AVE			
	City		Stat	te	Zip Code
	AUSTIN		TX		78701
	Property Legal De	scription			
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal	question above		
Accessibility or Persons with	Disabilities	Environmental Matte Quality, or Watershe	ers, Air or Water ed Protection	Permits (Bui	lding, Site Plans)
Affordability		Finance, Budget, or I	Investments	Permits (Oth	ner)
Animals		Health, Healthcare, I Human Services	Mental Health, or		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	ı	Public Utiliti or Recycling	es, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism,	, Events, or Convention	Quality of Li	fe Affairs
Aviation		Human Rights or Imr	migration	Real Estate	
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development of the control of the c	or Land Use	∑ Taxation or I	Fees
Code Compliance		Municipal Court		Technology	or Communications
		Municipal Legislation	n	Transportati	on or Mobility
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting
Diversity, Equity, or Inclusion	1	Parks, Recreation, Li	braries, or Museums		
Economic Development		Other:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munic	ipal Question, clicl	the "Add Additional I	Municipal Question" but	ton below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELO	PPMENT		
PROPERTY ADDRESS	description is		o real property. *If check		
OR	Address		Su	iite or Apartment I	Number
LEGAL DESCRIPTION 823 CONGRESS		VE ————————————————————————————————————			
	City		Sta	ate	Zip Code
	AUSTIN		ТХ	(78701
	Property Legal De	escription			
Subject Matter(s)*: Check all su	bject matters that	apply to the municipa	al question above		
Accessibility or Persons with	Disabilities	Environmental Ma Quality, or Waters	tters, Air or Water hed Protection	Permits (Bu	ilding, Site Plans)
Affordability		Finance, Budget, o	r Investments	Permits (Ot	her)
Animals		Health, Healthcare Human Services	e, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	on	Public Utilit or Recycling	ies, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourisi Center	m, Events, or Convention	Quality of Li	ife Affairs
Aviation		Human Rights or Ir	mmigration	Real Estate	
City Infrastructure or Public	Works	Labor or Workforc	e	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development □ Land Develo	t or Land Use	Taxation or	Fees
Code Compliance		Municipal Court		Technology	or Communications
		Municipal Legislati	ion		ion or Mobility
Contracts or Procurement		Neighborhoods		Zoning or Pl	latting
Diversity, Equity, or Inclusion	1	Parks, Recreation,	Libraries, or Museums		
Economic Development		Other:			



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To repor	rt more than one Municip	oal Question, click	the '	'Add Ad	ditional Municipal Quest	tion" butt	on b	elow.		
	FIC DESCRIPTION OF THE UNICIPAL QUESTION*	ENTITLEMENTS REI	LATEC) TO LAN	D DEVELOPMENT					
P	ROPERTY ADDRESS	This municipa description is	-		ertains to real property. '				·	or legal
	OR	Address				Sui	te or	Apartment N	lumber	
L	EGAL DESCRIPTION									
	City					Sta	te		Zip Code	
		Property Legal Des	Property Legal Description							
		PEARSON PLACE S	ECTIC	N THREE	<u> </u>					
Subject	Matter(s)*: Check all sub	ject matters that	apply	to the	municipal question abov	'e				
Ad	ccessibility or Persons with E	Disabilities	\boxtimes	Environn Quality, (nental Matters, Air or Wate or Watershed Protection	r	\boxtimes	Permits (Buil	lding, Site Plaı	ns)
⊠ Af	ffordability		\boxtimes	Finance,	Budget, or Investments		\boxtimes	Permits (Oth	ner)	
Ar	nimals			Health, F Human S	lealthcare, Mental Health, c ervices	or			, Policy, Fire, Planning and F	
Ar	nnexation		\boxtimes	Historic I	Preservation			Public Utilitie or Recycling	es, Energy, Wa	ater, Solid Waste
	rts, Music, Film, Cultural or reative Industries			Hospitali Center	ty, Tourism, Events, or Conv	vention		Quality of Lif	fe Affairs	
A\	viation			Human F	lights or Immigration		\boxtimes	Real Estate		
⊠ Ci	ty Infrastructure or Public W	Vorks		Labor or	Workforce		\boxtimes	Rules, Propo	sed Rules, or	Rule Making
	vil Service, Municipal Emplo etirement Systems	yment, or	\boxtimes	Land Dev	velopment or Land Use		\boxtimes	Taxation or F	-ees	
⊠ Co	ode Compliance			Municipa	al Court			Technology	or Communica	ations
⊠ Co	onstruction			Municipa	al Legislation		\boxtimes	Transportati	on or Mobility	/
Co	ontracts or Procurement			Neighbo	rhoods		\boxtimes	Zoning or Pla	atting	
∑ Di	iversity, Equity, or Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or Muse	eums				
∑ Ec	conomic Development			Other:						



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To report more than one Munici	ipal Question, clicl	the "Add Additiona	l Municipal Question" but	tton below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVE	LOPMENT		
PROPERTY ADDRESS	This municip description is		to real property. *If check		
OR	8701 MOPAC EXP	DECCMAN		uite or Apartment I	vumber
LEGAL DESCRIPTION		RESSWAY			
	City		St	tate	Zip Code
	AUSTIN		T>	X	78759
	Property Legal De	scription			
Subject Matter(s)*: Check all sul	bject matters that	apply to the munici	pal question above		
Accessibility or Persons with	Disabilities	Environmental N Quality, or Wate	Natters, Air or Water rshed Protection	Permits (Bu	ilding, Site Plans)
Affordability		∑ Finance, Budget,	or Investments	Permits (Ot	her)
Animals		Health, Healthca Human Services	re, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preserva	ntion	Public Utilit or Recycling	ies, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tour Center	ism, Events, or Convention	Quality of Li	fe Affairs
Aviation		Human Rights or	Immigration	Real Estate	
City Infrastructure or Public \	Works	Labor or Workfo	rce	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Developme	ent or Land Use		Fees
Code Compliance		Municipal Court		Technology	or Communications
		Municipal Legisla	ation	Transportat	ion or Mobility
Contracts or Procurement		Neighborhoods		Zoning or Pl	atting
Diversity, Equity, or Inclusion	1	Parks, Recreation	n, Libraries, or Museums		
Economic Development		Other:			



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVE	LOPMENT					
PROPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	Address 308 GUADALUPE	CTDEET		uite or Apartment I	Number			
LEGAL DESCRIPTION		SIREEI						
	City		St	tate	Zip Code			
	AUSTIN		T)	X	78701			
	Property Legal De	escription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the munici	pal question above					
Accessibility or Persons with	Disabilities	Environmental N Quality, or Wate	Natters, Air or Water rshed Protection	Permits (Bu	ilding, Site Plans)			
Affordability		∑ Finance, Budget,	or Investments	Permits (Ot	her)			
Animals		Health, Healthca Human Services	re, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic Preserva	ition	Public Utilit or Recycling	ies, Energy, Water, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tour Center	ism, Events, or Convention	Quality of Li	ife Affairs			
Aviation		☐ Human Rights or	Immigration	Real Estate				
City Infrastructure or Public \	Works	Labor or Workfo	rce	Rules, Propo	osed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Developme	nt or Land Use		Fees			
Code Compliance		Municipal Court		Technology	or Communications			
Construction		Municipal Legisla	ation		ion or Mobility			
Contracts or Procurement		Neighborhoods		Zoning or Pl	latting			
Diversity, Equity, or Inclusion	1	Parks, Recreation	n, Libraries, or Museums					
Economic Development		Other:						



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To report more than one Munic	ipal Question, clicl	the "Add Additional	Municipal Question" but	ton below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELO	PPMENT						
PROPERTY ADDRESS	1—	his municipal question pertains to real property. *If checked, either a property address or legal escription is required.							
OR	1800 WESTLAKE F	220	30	iite or Apartment N	vuilibei				
LEGAL DESCRIPTION		A33							
	City			ate	Zip Code				
	AUSTIN		TX	(78746				
	Property Legal De	scription							
Subject Matter(s)*: Check all su	bject matters that	apply to the municipa	al question above						
Accessibility or Persons with	Disabilities	Environmental Ma Quality, or Waters	itters, Air or Water hed Protection	Permits (Bui	ilding, Site Plans)				
Affordability		Finance, Budget, o	or Investments	Permits (Otl	her)				
Animals		Health, Healthcare Human Services	e, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservati	on	Public Utiliti or Recycling	ies, Energy, Water, Solid Waste,				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Touris Center	m, Events, or Convention	Quality of Li	fe Affairs				
Aviation		Human Rights or I	mmigration	Real Estate					
City Infrastructure or Public	Works	Labor or Workford	e	Rules, Propo	osed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development □	t or Land Use		Fees				
Code Compliance		Municipal Court		Technology	or Communications				
		Municipal Legislati	ion	Transportat	ion or Mobility				
Contracts or Procurement		Neighborhoods		Zoning or Pl	atting				
Diversity, Equity, or Inclusion	n	Parks, Recreation,	Libraries, or Museums						
Economic Development		Other:							



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To report more than one Munici	pal Question, clicl	the "Add Additional Mu	nicipal Question" butto	n below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPM	ENT						
PROPERTY ADDRESS	1—	This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR	5810 STEINER RAI	NCU	Suite	e or Apartment N	umber				
LEGAL DESCRIPTION		VCП							
	City		State	e	Zip Code				
	AUSTIN		TX		78732				
	Property Legal De	scription							
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal qu	uestion above						
Accessibility or Persons with	Disabilities	Environmental Matter Quality, or Watershed	rs, Air or Water Protection	Permits (Bui	lding, Site Plans)				
Affordability		Finance, Budget, or Inv	vestments	Permits (Oth	er)				
Animals		Health, Healthcare, M Human Services	ental Health, or		, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation		Public Utilition or Recycling	es, Energy, Water, Solid Waste,				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, E Center	Events, or Convention	Quality of Lif	e Affairs				
Aviation		Human Rights or Immi	igration	Real Estate					
	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or	Land Use	∑ Taxation or I	Fees				
Code Compliance		Municipal Court		Technology (or Communications				
		Municipal Legislation		Transportati	on or Mobility				
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting				
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libr	raries, or Museums						
Economic Development		Other:							



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.									
SPECIFIC DESCRIPTION MUNICIPAL QUESTI	. FNITITI FMF	NTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRE	descrip	nunicipal question pertains to real proper ption is required.							
OR	Address		Suite or Apartn	nent Number					
LEGAL DESCRIPTION		AC EXPRESSWAY							
	City		State	Zip Code					
	AUSTIN		TX	78731					
	Property Le	egal Description							
Subject Matter(s)*: Che	eck all subject matte	rs that apply to the municipal question a	ibove						
Accessibility or Per	sons with Disabilities	Environmental Matters, Air or W Quality, or Watershed Protectio	Vater 🔀 Permit	ts (Building, Site Plans)					
Affordability		Finance, Budget, or Investments	s $igwedge$ Permit	ts (Other)					
Animals		Health, Healthcare, Mental Healt	<u> </u>	Safety, Policy, Fire, EMS, or ency Planning and Response					
Annexation			Public or Rec	Utilities, Energy, Water, Solid Waste ycling					
Arts, Music, Film, C Creative Industries		Hospitality, Tourism, Events, or Center	Convention Quality	y of Life Affairs					
Aviation		Human Rights or Immigration	⊠ Real E	state					
City Infrastructure	or Public Works	Labor or Workforce		Proposed Rules, or Rule Making					
Civil Service, Munic	cipal Employment, or	∠ Land Development or Land Use	∑ Taxatio	on or Fees					
Code Compliance		Municipal Court	Techno	ology or Communications					
Construction		Municipal Legislation		portation or Mobility					
Contracts or Procu	rement	Neighborhoods ■	∑ Zoning	g or Platting					
Diversity, Equity, o	r Inclusion	Parks, Recreation, Libraries, or N	Museums						
Economic Develop	ment	Other:							



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To report more than one Munici	ipal Question, clic	k the "Add Additional I	Municipal Question" but	ton below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELO	PMENT						
PROPERTY ADDRESS	I— ·	This municipal question pertains to real property. *If checked, either a property address or legal description is required.							
OR		FT / 70F F 12TH CTREET	Sui	ite or Apartment N	Number				
LEGAL DESCRIPTION		ET / 705 E. 12TH STREET							
	City		Sta	ate	Zip Code				
	AUSTIN		TX		78701				
	Property Legal De	escription							
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipa	al question above						
Accessibility or Persons with	Disabilities	Environmental Mar Quality, or Watersl	tters, Air or Water hed Protection	Permits (Bui	lding, Site Plans)				
Affordability		Finance, Budget, o	r Investments	Permits (Oth	ner)				
Animals		Health, Healthcare Human Services	, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	on	Public Utiliti or Recycling	es, Energy, Water, Solid Waste,				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism	m, Events, or Convention	Quality of Li	fe Affairs				
Aviation		Human Rights or In	nmigration	Real Estate					
	Works	Labor or Workforce	e	Rules, Propo	osed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development	t or Land Use		Fees				
Code Compliance		Municipal Court		Technology	or Communications				
		Municipal Legislati	on	Transportation	ion or Mobility				
Contracts or Procurement		Neighborhoods		Zoning or Pl	atting				
Diversity, Equity, or Inclusion	n	Parks, Recreation,	Libraries, or Museums						
Economic Development		Other:							



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To report m	ore than one Munici _l	pal Question, clicl	k the	"Add Ac	dditional Municipal Question"	' button	below.			
	ESCRIPTION OF THE	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROP	ERTY ADDRESS	description is	-	-	ertains to real property. *If c					
	OR	Address					r Apartment N	Number		
LEGAL DESCRIPTION		6001 AIRPORT ROAD								
	City					State		Zip Code		
			ТХ			TX		78752		
		Property Legal De	scrip	tion						
Subject Mat	ter(s)*: Check all sub	ject matters that	арр	ly to the	municipal question above					
Access	sibility or Persons with I	Disabilities	\boxtimes	Environr Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)		
			\boxtimes	Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)		
Anima	Animals			Health, I Human S	Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response			
Annex	ation		\boxtimes	Historic	Preservation	\boxtimes	Public Utilities, Energy, Water, Solid V or Recycling		aste,	
	Music, Film, Cultural or ve Industries			Hospital Center	ity, Tourism, Events, or Conventi	ion _	Quality of Li	fe Affairs		
Aviatio	on			Human F	Rights or Immigration	\boxtimes	Real Estate			
City In	frastructure or Public V	Vorks		Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making		
	ervice, Municipal Emplo ment Systems	oyment, or	\boxtimes	Land Dev	velopment or Land Use	\boxtimes	Taxation or	Fees		
Code C	Compliance			Municipa	al Court		Technology	or Communications		
	ruction			Municipa	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contra	acts or Procurement		\boxtimes	Neighbo	rhoods	\boxtimes	Zoning or Pla	atting		
□ Divers	ity, Equity, or Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or Museums	S				
Econo	mic Development			Other:						



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To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Questic	on" button below.						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS R	RELATED TO LAND DEVELOPMENT							
PROPERTY ADDRESS	description	pal question pertains to real property. *If checked, either a property address or legal is required.							
OR	Address		Suite or Apartment	t Number					
LEGAL DESCRIPTION									
LEGAL DESCRIPTION	City		State	Zip Code					
	Duran auto La cal D								
	Property Legal D	Description							
Subject Matter(s)*: Check all so	ubject matters tha	at apply to the municipal question above							
Accessibility or Persons with	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)					
Affordability		Finance, Budget, or Investments	Permits (C	Other)					
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response					
Annexation		Historic Preservation	Public Util or Recyclir	ities, Energy, Water, Solid Waste					
Arts, Music, Film, Cultural of Creative Industries	r	Hospitality, Tourism, Events, or Conve Center	ention Quality of	Life Affairs					
Aviation		Human Rights or Immigration	Real Estato	e					
City Infrastructure or Public	Works	Labor or Workforce		posed Rules, or Rule Making					
Civil Service, Municipal Emp Retirement Systems	oloyment, or		∑ Taxation o	or Fees					
Code Compliance		Municipal Court	☐ Technolog	y or Communications					
		Municipal Legislation		ation or Mobility					
Contracts or Procurement		Neighborhoods ■ Meighborhoods ■ Meighborhoods		Platting					
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museu	ums						
Economic Development		Other: CODENEXT							



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To repo	ort more than one Municip	oal Question, clicl	k the	"Add Ad	lditional Municipal Que	estion" bu	itton b	elow.		
	IFIC DESCRIPTION OF THE IUNICIPAL QUESTION*	ENTITLEMENTS RE	LATE	D TO LAN	D DEVELOPMENT					
	PROPERTY ADDRESS	This municip description is	-	-	ertains to real property					
	OR	425 W. RIVERSIDE					ouite or	Apartment N	lumber	
	LEGAL DESCRIPTION		SIDE							
						tate		Zip Code		
		AUSTIN					X		78704	
		Property Legal De	Property Legal Description							
Subject	t Matter(s)*: Check all sub	ject matters that	appl	y to the	municipal question abo	ove				
	Accessibility or Persons with I	Disabilities	\boxtimes	Environn Quality,	nental Matters, Air or Wa or Watershed Protection	iter	\boxtimes	Permits (Buil	lding, Site Plans)	
\boxtimes A	Affordability		\boxtimes	Finance,	Budget, or Investments		\boxtimes	Permits (Oth	ner)	
	Animals			Health, H Human S	Healthcare, Mental Health Services	n, or			, Policy, Fire, EMS, or Planning and Response	
	Annexation		\boxtimes	Historic I	Preservation			Public Utilitie or Recycling	es, Energy, Water, Solid W	/aste
	Arts, Music, Film, Cultural or Creative Industries			Hospitali Center	ity, Tourism, Events, or Co	onvention		Quality of Lif	fe Affairs	
	Aviation			Human F	Rights or Immigration		\boxtimes	Real Estate		
\boxtimes (City Infrastructure or Public V	Vorks		Labor or	Workforce		\boxtimes	Rules, Propo	sed Rules, or Rule Making	5
	Civil Service, Municipal Emplo Retirement Systems	oyment, or	\boxtimes	Land Dev	velopment or Land Use		\boxtimes	Taxation or F	Fees	
\boxtimes (Code Compliance			Municipa	al Court			Technology of	or Communications	
\boxtimes (Construction			Municipa	al Legislation		\boxtimes	Transportati	on or Mobility	
	Contracts or Procurement		\boxtimes	Neighbo	rhoods		\boxtimes	Zoning or Pla	atting	
	Diversity, Equity, or Inclusion			Parks, Re	ecreation, Libraries, or Mu	useums				
∑ E	Economic Development			Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELO	PPMENT							
PROPERTY ADDRESS	description is		o real property. *If check							
OR	Address		Su	iite or Apartment N	Number					
LEGAL DESCRIPTION	916 CONGRESS									
	City		Sta	ate	Zip Code					
	AUSTIN		TX	(78701					
	Property Legal De	escription								
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipa	al question above							
Accessibility or Persons with	Disabilities	Environmental Ma Quality, or Waters	itters, Air or Water hed Protection	Permits (Bu	ilding, Site Plans)					
Affordability		Finance, Budget, o	or Investments	Permits (Otl	her)					
Animals		Health, Healthcare Human Services	e, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservati	on	Public Utiliti or Recycling	ies, Energy, Water, Solid Waste,					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Touris Center	m, Events, or Convention	Quality of Li	fe Affairs					
Aviation		Human Rights or I	mmigration	Real Estate						
City Infrastructure or Public \	Works	Labor or Workford	e	Rules, Propo	osed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	∑ Land Development	t or Land Use		Fees					
Code Compliance		Municipal Court		Technology	or Communications					
		Municipal Legislati	ion	Transportat	ion or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Platting						
Diversity, Equity, or Inclusion	1	Parks, Recreation,	Libraries, or Museums							
Economic Development		Other:								



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.										
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAN	D DEVELOPMENT							
PROPERTY ADDRESS	description is		ertains to real property. *If che							
OR	Address				Suite or Apartment Number					
LEGAL DESCRIPTION	1112 S. 8TH STREI	<u> </u>								
	City	City				Zip Code				
	AUSTIN			TX		78702				
	Property Legal De	scription								
Subject Matter(s)*: Check all sub	bject matters that	apply to the	municipal question above							
Accessibility or Persons with	Disabilities		nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)				
Affordability			Budget, or Investments		Permits (Oth	ner)				
Animals		Health, H	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic I	Preservation	\boxtimes	Public Utilitie or Recycling	es, Energy, Water, Solid Waste				
Arts, Music, Film, Cultural or Creative Industries		Hospitali Center	ity, Tourism, Events, or Convention	n 🗌	Quality of Lif	fe Affairs				
Aviation		Human F	Rights or Immigration		Real Estate					
City Infrastructure or Public \	Works	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Devel ∠ Land Devel	velopment or Land Use	\boxtimes	Taxation or I	Fees				
Code Compliance		Municipa	al Court		Technology	or Communications				
		Municipa	al Legislation		Transportati	on or Mobility				
Contracts or Procurement		Neighbo	Neighborhoods		Zoning or Platting					
Diversity, Equity, or Inclusion	1	Parks, Re	ecreation, Libraries, or Museums							
Economic Development		Other:								



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Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.										
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOR	PMENT							
PROPERTY ADDRESS	description is	 This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 								
OR	304 E. CESAR CHA	VE7	Suit	te or Apartment N	iumber					
LEGAL DESCRIPTION	304 L. CLSAN CHA									
	City		Sta	te	Zip Code					
	AUSTIN		TX		78701					
	Property Legal De	scription								
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal	question above							
Accessibility or Persons with	Disabilities	Environmental Mat Quality, or Watersh	ters, Air or Water ed Protection	Permits (Bui	lding, Site Plans)					
		Finance, Budget, or	Investments	Permits (Oth	ner)					
Animals		Health, Healthcare, Human Services	Mental Health, or		, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservatio	n	Public Utilitie or Recycling	es, Energy, Water, Solid Waste					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism	n, Events, or Convention	Quality of Lif	fe Affairs					
Aviation		Human Rights or Im	nmigration	Real Estate						
City Infrastructure or Public V	Works	Labor or Workforce	:	Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development	or Land Use	Taxation or F	Fees					
Code Compliance		Municipal Court		Technology (or Communications					
		Municipal Legislation	on		on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Platting						
Diversity, Equity, or Inclusion	ı	Parks, Recreation, L	ibraries, or Museums							
Economic Development		Other:								



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEV	/ELOPMENT							
PROPERTY ADDRESS	description is		ns to real property. *If chec			egal				
OR	Address				ment Number					
LEGAL DESCRIPTION	1901 SAN ANTON	IO STREET								
	City			State	Zip Code					
	AUSTIN			ГХ	78705					
	Property Legal De	scription								
Subject Matter(s)*: Check all sul	oject matters that	apply to the mun	icipal question above							
Accessibility or Persons with	Disabilities		l Matters, Air or Water tershed Protection	Permi	ts (Building, Site Plans)					
Affordability		∑ Finance, Budg	et, or Investments	Permi	ts (Other)					
Animals		Health, Health Human Service	care, Mental Health, or es		Safety, Policy, Fire, EMS, gency Planning and Respo					
Annexation		Historic Prese	rvation		Utilities, Energy, Water, Eycling	Solid Waste,				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, To Center	urism, Events, or Convention	Qualit	y of Life Affairs					
Aviation		Human Rights	or Immigration	⊠ Real E	state					
City Infrastructure or Public \	Works	Labor or Work	force	⊠ Rules,	Proposed Rules, or Rule	Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Develope ∠ Land Develope	ment or Land Use		on or Fees					
Code Compliance		Municipal Cou	rt	Techn	ology or Communications	5				
		Municipal Leg	islation		portation or Mobility					
Contracts or Procurement		Neighborhood	S	Zonin Zonin	g or Platting					
Diversity, Equity, or Inclusion	1	Parks, Recreat	ion, Libraries, or Museums							
Economic Development		Other:								



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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To report more	than one Munici	pal Question, clic	k the	"Add Ad	dditional Municipal Question" l	button b	elow.		
	CRIPTION OF THE L QUESTION*	ENTITLEMENTS RI	ELATE	D TO LAN	ID DEVELOPMENT				
PROPERT	TY ADDRESS	description i	-		ertains to real property. *If ch				
	OR	Address	S S			Suite or	Suite or Apartment Number		
	S. CONGRESS AN		D RAL	PH ABLEN	NADO				
		City	City					Zip Code	
		AUSTIN		ТХ				78701	
		Property Legal De	escrip	tion					
Subject Matter	(s)*: Check all sul	oject matters that	t app	ly to the	municipal question above				
Accessibil	ity or Persons with	Disabilities	\boxtimes		mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)	
Affordabi	lity		\boxtimes	Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Animals	Animals			Health, I Human S	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation	on		\boxtimes	Historic	Preservation	Public Utilities, Energy, Wa or Recycling			/aste
Arts, Mus Creative I	ic, Film, Cultural or ndustries			Hospital Center	ity, Tourism, Events, or Conventio	n 🔲	Quality of Li	fe Affairs	
Aviation				Human I	Rights or Immigration		Real Estate		
City Infras	structure or Public \	Vorks		Labor or	Workforce		Rules, Propo	osed Rules, or Rule Making	}
	ce, Municipal Empl nt Systems	oyment, or	\boxtimes	Land De	velopment or Land Use		Taxation or	Fees	
Code Con	npliance			Municip	al Court		Technology	or Communications	
Construct	ion			Municip	al Legislation	\boxtimes	Transportati	ion or Mobility	
Contracts	or Procurement		\boxtimes	Neighbo	rhoods	\boxtimes			
Diversity,	Equity, or Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or Museums				
Economic	Development			Other:					



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.										
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPI	MENT							
PROPERTY ADDRESS	description is	 This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number 								
OR		LALICUTED AND III 25	Suit	e or Apartment N	lumber					
LEGAL DESCRIPTION	INVI CORNER OF S	LAUGHTER AND IH-35								
	City		Stat	te	Zip Code					
	AUSTIN		TX		78745					
	Property Legal De	scription								
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal	question above							
Accessibility or Persons with	Disabilities	Environmental Matte Quality, or Watershe	ers, Air or Water ed Protection	Permits (Bui	lding, Site Plans)					
Affordability		Finance, Budget, or I	Investments	Permits (Oth	ner)					
Animals		Health, Healthcare, I Human Services	Mental Health, or		, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation	1	Public Utilitie or Recycling	es, Energy, Water, Solid Waste,					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Center	, Events, or Convention	Quality of Lif	fe Affairs					
Aviation		Human Rights or Imr	migration	Real Estate						
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or a second control of the control of	or Land Use	X Taxation or F	Fees					
Code Compliance		Municipal Court		Technology of	or Communications					
Construction		Municipal Legislation	n	Transportati	on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	1	Parks, Recreation, Lil	braries, or Museums							
Economic Development		Other:								



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.										
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPM	IENT							
PROPERTY ADDRESS	description is									
OR		N.D.	Suite	e or Apartment N	Jumber					
LEGAL DESCRIPTION	5210 N LAMAR BL	.VD								
	City		State	e	Zip Code					
	AUSTIN		TX		78751					
	Property Legal De	escription								
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal qu	uestion above							
Accessibility or Persons with	Disabilities	Environmental Matter Quality, or Watershed	rs, Air or Water I Protection	Permits (Bui	lding, Site Plans)					
Affordability		Finance, Budget, or In	vestments	Permits (Oth	ner)					
Animals		Health, Healthcare, M Human Services	ental Health, or		,, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation		Public Utilition or Recycling	es, Energy, Water, Solid Waste,					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, E Center	Events, or Convention	Quality of Lif	fe Affairs					
Aviation		Human Rights or Immi	igration	Real Estate						
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or	Land Use		Fees					
Code Compliance		Municipal Court		Technology (or Communications					
		Municipal Legislation		Transportati	on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libr	raries, or Museums							
Economic Development		Other:								



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.										
SPECIFIC DESCRIPTION OF T MUNICIPAL QUESTION*		RELATED TO LAND DEVELOPMENT								
PROPERTY ADDRESS	description	This municipal question pertains to real property. *If checked, either a property address or legal description is required. Address Suite or Apartment Number								
OR	Address		Suite or Apartment	Number						
LEGAL DESCRIPTION										
	City	:	State	Zip Code						
	Property Legal	Description								
	Troperty Legar	Description								
Subject Matter(s)*: Check a	ll subject matters th	at apply to the municipal question above								
Accessibility or Persons	with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)						
Affordability		Finance, Budget, or Investments	Permits (O	ther)						
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response						
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste						
Arts, Music, Film, Cultur Creative Industries	al or	Hospitality, Tourism, Events, or Convention Center	Quality of	Life Affairs						
Aviation		Human Rights or Immigration	Real Estate	2						
City Infrastructure or Pu	blic Works	Labor or Workforce	Rules, Prop	posed Rules, or Rule Making						
Civil Service, Municipal Retirement Systems	Employment, or	□ Land Development or Land Use	∑ Taxation o	r Fees						
Code Compliance		Municipal Court	▼ Technology	y or Communications						
Construction		Municipal Legislation		ation or Mobility						
Contracts or Procureme	nt	Neighborhoods	Zoning or F	Platting						
Diversity, Equity, or Incl	usion	Parks, Recreation, Libraries, or Museums								
Economic Development		Other: INTERACTIVE WAYFINDING TEC	CHNOLOGY							



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOP	MENT							
PROPERTY ADDRESS	This municip		eal property. *If checke	d, either a prop						
OR	413 NAVASOTA				lumber					
LEGAL DESCRIPTION	III									
	City		Stat	e	Zip Code					
	AUSTIN		TX		78702					
	Property Legal De	scription								
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal of	question above							
Accessibility or Persons with	Disabilities	Environmental Matte Quality, or Watershe	ers, Air or Water ed Protection	Permits (Buil	lding, Site Plans)					
Affordability		Finance, Budget, or I	nvestments	Permits (Oth	ner)					
Animals		Health, Healthcare, M Human Services	Mental Health, or		, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation	1	Public Utilitie or Recycling	es, Energy, Water, Solid Waste,					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Center	Events, or Convention	Quality of Lif	fe Affairs					
Aviation		Human Rights or Imn	nigration	Real Estate						
	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development o	r Land Use		-ees					
Code Compliance		Municipal Court		Technology of	or Communications					
		Municipal Legislation	1	Transportation	on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Platting						
Diversity, Equity, or Inclusion	1	Parks, Recreation, Lik	braries, or Museums							
Economic Development		Other:								



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SPECIFIC DESCRIPTION		ENTITLEMENTS RI	ELATE	D TO LAN	ND DEVELOPMENT					
PROPERTY ADD	DRESS	description i	-	-	ertains to real propert				·	r legal
OR		Address				uite or	Apartment N	umber		
LEGAL DESCRIP	LEGAL DESCRIPTION		UB D	₹						
		City				tate		Zip Code		
		AUSTIN	ТХ			X		78735		
		Property Legal Do	escrip	tion						
Subject Matter(s)*: (Check all sub	pject matters that	t app	ly to the	municipal question ab	ove				
Accessibility or I	Persons with	Disabilities	\boxtimes	Environr Quality,	mental Matters, Air or Wa or Watershed Protection	ater	\boxtimes	Permits (Buil	ding, Site Plans)	
Affordability	Affordability		\boxtimes	Finance,	Budget, or Investments		\boxtimes	Permits (Oth	er)	
Animals	Animals			Health, I Human S	Healthcare, Mental Healtl Services	h, or			, Policy, Fire, EM Planning and Res	
Annexation			\boxtimes	Historic	Preservation		Public Utilities, Energy, Water or Recycling		er, Solid Waste	
Arts, Music, Film Creative Industr				Hospital Center	ity, Tourism, Events, or Co	onvention		Quality of Lif	e Affairs	
Aviation			Human Rights or Immigration		\boxtimes	Real Estate				
City Infrastructu	re or Public V	Vorks		Labor or	· Workforce			Rules, Propo	sed Rules, or Ru	le Making
Civil Service, Mu Retirement Syst		oyment, or	\boxtimes	Land De	velopment or Land Use		\boxtimes	Taxation or F	ees	
Code Compliand	e			Municip	al Court			Technology o	or Communication	ons
Construction				Municip	al Legislation		\boxtimes	Transportation	on or Mobility	
Contracts or Pro	ocurement			Neighbo	orhoods					
Diversity, Equity	, or Inclusion		\boxtimes	Parks, R	ecreation, Libraries, or M	useums				
Economic Devel	opment			Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	LATED TO LAND DEVELOPN	ΛENT							
PROPERTY ADDRESS	description is	al question pertains to re s required.								
OR	Address		Suite	e or Apartment N	umber					
LEGAL DESCRIPTION	OLD HWY 20									
	City		Stat	e	Zip Code					
	MANOR		TX		78653					
	Property Legal De	escription								
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal o	question above							
Accessibility or Persons with	Disabilities	Environmental Matte Quality, or Watershee	ers, Air or Water d Protection	Permits (Buil	ding, Site Plans)					
Affordability		Finance, Budget, or Ir	nvestments	Permits (Oth	er)					
Animals		Health, Healthcare, N Human Services	Nental Health, or		r, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste,					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Center	Events, or Convention	Quality of Lif	e Affairs					
Aviation		Human Rights or Imm	nigration	Real Estate						
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making					
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development or □ Land De	r Land Use		- ees					
Code Compliance		Municipal Court		Technology of	or Communications					
		Municipal Legislation		Transportation	on or Mobility					
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting					
Diversity, Equity, or Inclusion	1	Parks, Recreation, Lib	oraries, or Museums							
Economic Development		Other:								



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To report more than one Munici	ipal Question, clicl	k the "Add Additiona	al Municipal Question" bu	itton below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	description is		to real property. *If chec			
OR	Address			Suite or Apartment	Number	
LEGAL DESCRIPTION	E. STATE HWY 71					
	City		S	itate	Zip Code	
	DEL VALLE		Т.	X	78617	
	Property Legal De	escription				
Subject Matter(s)*: Check all sul	bject matters that	apply to the munici	ipal question above			
Accessibility or Persons with	Disabilities	Environmental N Quality, or Wate	Matters, Air or Water ershed Protection	Permits (B	uilding, Site Plans)	
Affordability		Finance, Budget	, or Investments	Permits (O	ther)	
Animals		Health, Healthca Human Services	are, Mental Health, or		ety, Policy, Fire, EMS, or y Planning and Response	
Annexation		Historic Preserva	ation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste, ng	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tour	rism, Events, or Convention	Quality of	Life Affairs	
Aviation		Human Rights o	r Immigration	Real Estate	2	
City Infrastructure or Public \	Works	Labor or Workfo	orce	Rules, Prop	oosed Rules, or Rule Making	
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Developme	ent or Land Use		r Fees	
Code Compliance		Municipal Court		Technology	y or Communications	
		Municipal Legisl	ation		ation or Mobility	
Contracts or Procurement		Neighborhoods		Zoning or F	Platting	
Diversity, Equity, or Inclusion	1	Parks, Recreatio	n, Libraries, or Museums			
Economic Development		Other:				



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To repo	rt more than one Municip	oal Question, clici	k the "Add	Additional Municipal Question"	button	below.		
	FIC DESCRIPTION OF THE UNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
P	PROPERTY ADDRESS	This municip description is	=	n pertains to real property. *If cl		either a prop		
	OR					·		
L	EGAL DESCRIPTION	City			State		Zip Code	
		Property Legal De	scription		J L			_
				NTAIN VIEW & PT LOT 1 & LOT 2 BEI	LVIN M E	SUBD & ABS 8	6 SUR 75 BELL AF ACR 10.60	—)10
Subject	Matter(s)*: Check all sub	ject matters that	apply to t	he municipal question above				
A	ccessibility or Persons with [Disabilities		onmental Matters, Air or Water ty, or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
	ffordability			ce, Budget, or Investments	\boxtimes	Permits (Oth	ner)	
A	nimals			h, Healthcare, Mental Health, or In Services			y, Policy, Fire, EMS, or Planning and Response	
A	nnexation		Histor	ric Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Wa	ste
	rts, Music, Film, Cultural or reative Industries		☐ Hospi Cente	tality, Tourism, Events, or Conventi r	on	Quality of Li		
A	viation		Huma	n Rights or Immigration	\boxtimes	Real Estate		
⊠ Ci	ity Infrastructure or Public V	Vorks	Labor	or Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Making	
	ivil Service, Municipal Emplo etirement Systems	yment, or	∠ Land	Development or Land Use	\boxtimes	Taxation or	Fees	
⊠ C	ode Compliance		Munio	cipal Court		Technology	or Communications	
⊠ C	onstruction		Munio	cipal Legislation	\boxtimes	Transportati	ion or Mobility	
C	ontracts or Procurement		⊠ Neigh	borhoods	\boxtimes	Zoning or Pla	atting	
⊠ D	iversity, Equity, or Inclusion		Parks	, Recreation, Libraries, or Museums				
⊠ Eo	conomic Development		Other	:				



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To report more than one Muni	cipal Question, cli	ck the "Add Additional Municipal Questic	on" button below.				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT (DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES					
PROPERTY ADDRESS	This municipal question pertains to real property. *If checked, either a property address description is required.						
OR	Address		Suite or Apartment	t Number			
LEGAL DESCRIPTION							
LEGAL DESCRIPTION	City		State	Zip Code			
	Duananti Lagal F						
	Property Legal D	Description					
Subject Matter(s)*: Check all s	ubject matters tha	at apply to the municipal question above					
Accessibility or Persons with	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)			
Affordability		Finance, Budget, or Investments	Permits (C	Other)			
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response			
Annexation		Historic Preservation	Public Util or Recyclii	ities, Energy, Water, Solid Waste			
Arts, Music, Film, Cultural of Creative Industries	r	Hospitality, Tourism, Events, or Conve Center	ention Quality of	Life Affairs			
Aviation		Human Rights or Immigration		е			
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making			
Civil Service, Municipal Emp Retirement Systems	oloyment, or		∑ Taxation compared to the compared t	or Fees			
Code Compliance		Municipal Court	☐ Technolog	y or Communications			
		Municipal Legislation		ation or Mobility			
Contracts or Procurement		Neighborhoods ■ Meighborhoods ■ Meighborhoods		Platting			
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museu	ums				
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.										
SPECIFIC DESCRIPTION MUNICIPAL QUEST	·	ENTITLEMENTS RELATED TO LAND DEVELOPMENT								
PROPERTY ADDR		description is			ertains to real prope	·			·	legal
OR		Address					Suite or	Apartment N	lumber	
LEGAL DESCRIPTI	ON	12971 POND SPR	NGS	ROAD						
		City					State		Zip Code	
		AUSTIN					TX		78729	
		Property Legal De	scrip	tion						
Subject Matter(s)*: Ch	eck all subj	ect matters that	арр	ly to the	municipal question	above				
Accessibility or Per	sons with D	isabilities	\boxtimes	Environr Quality,	mental Matters, Air or Nor Watershed Protection	Water on	\boxtimes	Permits (Bui	lding, Site Plans)	
			\boxtimes	Finance,	Budget, or Investment	ts	\boxtimes	Permits (Oth	ner)	
Animals				Health, I Human S	Healthcare, Mental Hea Services	alth, or			, Policy, Fire, EM Planning and Res	
Annexation			\boxtimes	Historic	Preservation		\boxtimes	Public Utilitie or Recycling	es, Energy, Wate	r, Solid Waste
Arts, Music, Film, Creative Industries				Hospital Center	ity, Tourism, Events, or	· Convention		Quality of Lif	fe Affairs	
Aviation				Human I	Rights or Immigration		\boxtimes	Real Estate		
City Infrastructure	or Public W	orks		Labor or	Workforce		\boxtimes	Rules, Propo	sed Rules, or Rul	e Making
Civil Service, Muni Retirement Systen		ment, or	\boxtimes	Land De	velopment or Land Use	2	\boxtimes	Taxation or I	Fees	
Code Compliance				Municip	al Court			Technology	or Communicatio	ins
Construction				Municip	al Legislation		\boxtimes	Transportati	on or Mobility	
Contracts or Procu	rement		\boxtimes	Neighbo	rhoods		\boxtimes	Zoning or Pla	atting	
Diversity, Equity, c	r Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or	Museums				
Economic Develop	ment			Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.									
	RIPTION OF THE	ENTITLEMENTS RI	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERT	Y ADDRESS	description i		-	ertains to real property. *If cl				
	OR	Address				Suite o	r Apartment N	lumber ————————————————————————————————————	
LEGAL DE	SCRIPTION	508 WEST AVENU	JE						
		City				State		Zip Code	
		AUSTIN				TX		78701	
		Property Legal De	escrip	tion					
Subject Matter	(s)*: Check all sul	bject matters that	t app	ly to the	municipal question above				
Accessibili	ity or Persons with	Disabilities	\boxtimes	Environr Quality,	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
Affordabil	ity		\boxtimes	Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Animals				Health, I Human S	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Annexatio	n		\boxtimes	Historic	Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid	l Waste
Arts, Musi Creative I	c, Film, Cultural or ndustries			Hospital Center	ity, Tourism, Events, or Conventi	on	Quality of Li	fe Affairs	
Aviation				Human I	Rights or Immigration	\boxtimes	Real Estate		
City Infras	tructure or Public \	Works		Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Mak	ing
	ce, Municipal Empl nt Systems	oyment, or		Land De	velopment or Land Use	\boxtimes	Taxation or	Fees	
Code Com	pliance			Municip	al Court		Technology	or Communications	
Construct	ion			Municip	al Legislation	\boxtimes	Transportat	ion or Mobility	
Contracts	or Procurement			Neighbo	rhoods	\boxtimes	Zoning or Pl	atting	
Diversity,	Equity, or Inclusior	1	\boxtimes	Parks, Re	ecreation, Libraries, or Museums	i			
Economic	Development			Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period				
	1				
CLIENT					
NAME					
☐ Client is an individual	Organization Name or Client Last Name, as applicable* PACITTI				
	Client Business Address*	Client Apartment	or Suite Number		
	300 W. 6TH STREET	STE 2300			
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*		
AND NATURE OF	Nature of Client's Business*				
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT				

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount					
CLIENT	less than \$10,000	OR						
COMPENSATION								
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.							
	If you fail to provide the above Client Co	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):						

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* NELSEN PARTNERS, INC		
	Client Business Address* 905 CONGRESS AVE	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*		10702
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount					
COMPENSATION	for compensation totaling \$500,000 or n	r City Code Section 4-8-6(A)(j), the exact compensation amount is required compensation totaling \$500,000 or more. you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):						

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	KIPP AUSTIN		
	Client Business Address* 8509 FM 969	Client Apartment o	or Suite Number
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78724
NATURE OF	Nature of Client's Business*		
BUSINESS	EDUCATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount				
CLIENT	less than \$10,000	OR					
COMPENSATION							
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.						
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):				

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
	1		
CLIENT			
☐ Client is an individual	Organization Name or Client Last Name, as applicable * GALLEGOS		
	Client Business Address* 5515 BALCONES DRIVE	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78731
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Co	ompensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	it compensation du	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
_	CIRRUS LOGIC, INC		
	Client Business Address*	Client Apartment	or Suite Number
	800 W. 6TH		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	TECHNOLOGY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0 OR (\$) Exact Amount	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	CARMA TEXAS, INC		
	Client Business Address*	Client Apartment o	or Suite Number
	11501 ALTERRA PKWY	STE 100	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78758
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation dui	ring the applicable
	T		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	ENDEAVOR REAL ESTATE GROUP, LLC		
	Client Business Address*	Client Apartment o	r Suite Number
	500 W. 5TH STREET	STE 700	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000		amount is <mark>required</mark>
	If you fail to provide the above Client C	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* ORACLE		
	Client Business Address* 9515 TOWNE CENTRE DR.	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	SAN DIEGO	CA	92121
NATURE OF	Nature of Client's Business*		
BUSINESS	SOFTWARE APPLICATIONS		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client C	compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\square I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* QUALICO CR, L.P.		
	Client Business Address* 1440 THE LAKES BLVD	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* PFLUGERVILLE	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Co	ompensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	RYAN COMPANIES, INC.		
	Client Business Address*	Client Apartment of	or Suite Number
	111 CONGRESS AVE	STE 1850	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensatio	n information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	I represented no clients and received no clien	nt compensation du	uring the applicable	
NO CLIENTS TO REPORT	reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*	7		
	TAYLOR MORRISON OF TEXAS, INC.			
	Client Business Address*	Client Apartment	or Suite Number	
	11200 LAKELINE BLVD	STE 150 A		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78717	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	if you fall to provide the above Client Compensation in	rormation	,, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	YETI COOLER, LLC			
	Client Business Address*	Client Apartment o	r Suite Number	
_	5301 SOUTHWEST PARKWAY	STE 200		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	тх	78735	
NATURE OF	Nature of Client's Business*			
BUSINESS	RETAILER			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	icas than \$10,000		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* BRICKMAN			
	Client Business Address*	Client Apartment	or Suite Number	
	2630 EXPOSITION BLVD	STE 114		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
_	CENTURY LAND HOLDINGS LLC			
	Client Business Address*	Client Apartment	or Suite Number	
	6500 RIVER PLACE BLVD			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78730	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			
			,	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Co	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* EURUS 8701 ATRIUM LLC			
	Client Business Address*	Client Apartment	or Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	icas than \$10,000		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	LINCOLN PROPERTY COMPANY			
	Client Business Address*	Client Apartment o	or Suite Number	
	2000 MCKINNEY AVE	STE 100		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS	тх	75201	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	icas than \$10,000		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* MCHALE			
	Client Business Address*	Client Apartment o	r Suite Number	
	111 CONGRESS AVE	STE 3000		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Co	ompensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
TVAIVE				
Client is an individual	Organization Name or Client Last Name, as applicable *			
	MU 15 INVESTMENTS, LTD.			
	Client Business Address*	Client Apartment of	or Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* THE KURCEA COMPANY			
	Client Business Address*	Client Apartment of	or Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Cor	npensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	T		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	VELOCITY CREDIT UNION		
	Client Business Address*	Client Apartment o	r Suite Number
_	1717 W. 6TH STREET	STE 400	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78703
NATURE OF	Nature of Client's Business*		
BUSINESS	FINANCIAL INSTITUTION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Co	mpensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC			
	Client Business Address*	Client Apartment	or Suite Number	
CLIENT	4015 GUADALUPE ST.			
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	SEAMLESS CAPITAL, L.P.		
	Client Business Address*	Client Apartment o	or Suite Number
	4407 BEE CAVES RD	STE 421	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* STREAM REALTY		
	Client Business Address*	Client Apartment of	or Suite Number
	515 CONGRESS AVE	STE 1300	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*		70701
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Cor	npensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* MVA-916, LLC		
	Client Business Address*	Client Apartment	or Suite Number
	515 CONGRESS AVE	STE 1400	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	icas than \$10,000		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

tment or Suite Number
* Client Zip Code* 78738

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* WHITE LODGING SERVICES CORPORATION		
	Client Business Address*	Client Apartment	or Suite Number
	701 E. 83RD AVE	STE 17	
CLIENT ADDRESS AND	Client City* MERRILLVILLE	Client State*	Client Zip Code* 46410
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Co	ompensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	BARSHOP & OLES COMPANY		
	Client Business Address*	Client Apartment o	r Suite Number
	801 CONGRESS AVE	STE 300	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client C	compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* SPEEDY STOP FOOD STORES, LTD		
	Client Business Address* P.O. BOX 1876	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	VICTORIA	ТХ	77902
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* HEB GROCERY STORES		
	Client Business Address* 646 SOUTH MAIN	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* SAN ANTONIO	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* FASKEN OIL AND RANCH		
	Client Business Address*	Client Apartment	or Suite Number
	3600 BEE CAVES ROAD STE 200		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78746
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* OBMSMG LLC		
	Client Business Address*	Client Apartment o	or Suite Number
	250 N. HARTFORD AVE		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	COLUMBUS	ОН	43222
NATURE OF	Nature of Client's Business*		
BUSINESS	TECHNOLOGY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* OMNI HOTELS/ BARTON CREEK CONFERENCE CENTER			
	Client Business Address*	Client Apartment	or Suite Number	
	4001 MAPLE AVENUE	STE 600		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS		75219	
NATURE OF	Nature of Client's Business*			
BUSINESS	HOSPITALITY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount	
COMPENSATION	icas than \$10,000			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	TITAN CAPITAL INVESTMENT GROUP, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	401 E. CITY AVE	STE 812		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	BALA CYNWYD	PA	19004	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*	1		
	GOVEIA COMMERCIAL REAL ESTATE			
	Client Business Address*	Client Apartment	or Suite Number	
	24855 DEL PRADO			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DANA POINT	CA	92629	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable *			
	HEB/ CHARLES BUTT (HOLDSWORTH CENTER)			
	Client Business Address*	Client Apartment o	r Suite Number	
	646 SOUTH MAIN			
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	SAN ANTONIO	тх	78204	
NATURE OF	Nature of Client's Business*			
BUSINESS	EDUCATIONAL CENTER			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION		<u>'</u>		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* 183 BLW, LP			
	Client Business Address* PO BOX 9190	Client Apartment o	or Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	2501 W. BRAKER, L.P.			
	Client Business Address*	Client Apartment	or Suite Number	
	1601 MOPAC EXPRESSWAY	STE 175		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78746	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* ALLEGIANCE MOBILE HEALTH			
	Client Business Address*	Client Apartment of	or Suite Number	
	501 S. AUSTIN AVE	STE 1310		
CLIENT ADDRESS AND	Client City* GEORGETOWN	Client State*	Client Zip Code* 78626	
NATURE OF	Nature of Client's Business*			
BUSINESS	AMBULATORY CARE			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount	
COMPENSATION	icas than \$10,000			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max)			

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	AUSTIN ACHIEVE SCHOOLS			
	Client Business Address*	Client Apartment o	r Suite Number	
	5908 MANOR ROAD			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78723	
NATURE OF	Nature of Client's Business*			
BUSINESS	EDUCATION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN BAPTIST CHURCH			
	Client Business Address*	Client Apartment o	or Suite Number	
	823 CONGRESS AVE	STE 111		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	RELIGIOUS ASSEMBLY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	AUSTIN BOARD OF REALTORS		
	Client Business Address*	Client Apartment o	or Suite Number
	4800 SPICEWOOD SPRINGS RD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78759
NATURE OF	Nature of Client's Business*		
BUSINESS	RESIDENTIAL REAL ESTATE ORGANIZATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000 c		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* AUSTIN PARK, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	700 12TH STREET	STE 220		
CLIENT ADDRESS AND	Client City* GOLDEN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000 c		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* BLENHEIM CORPORATION			
	Client Business Address*	Client Apartment of	or Suite Number	
	4716 ST. JOHN'S DR			
CLIENT ADDRESS AND	Client City* DALLAS	Client State*	Client Zip Code* 75205	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* BROCK CONSULTING GROUP			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 160340 Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of Client State*	Client Zip Code*	

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC]		
	CAPRIDGE PARTIVERS, EEC			
	Client Business Address*	Client Apartment	or Suite Number	
	823 CONGRESS AVE			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* CVR SHORELINE, L.P.			
	Client Business Address*	Client Apartment of	or Suite Number	
	1601 S. MOPAC EXPRESSWAY	STE D-175		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	9606 N. MOPAC EXPRESSWAY	STE 500		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* DOWNTOWN AUSTIN ALLIANCE			
	Client Business Address*	Client Apartment	or Suite Number	
	211 E. 7TH STREET	STE 818		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business* ADVOCACY ORGANIZATION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000 c		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* GABLES RESIDENTIAL			
	Client Business Address* 608 AUSTIN CENTER BLVD	Client Apartment o	or Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78751	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable *		
	HELPING HAND HOME FOR CHILDREN		
	Client Business Address*	Client Apartment of	or Suite Number
	3804 AVENUE B		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78751
NATURE OF	Nature of Client's Business*		
BUSINESS	NON-PROFIT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0 OR (\$) Exact Amount	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
	T		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* HPI REAL ESTATE & SERVICES INVESTMENT		
	Client Business Address*	Client Apartment	or Suite Number
	3600 N. CAPITAL OF TEXAS HWY	BLDG B, STE 250	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00	00 or more.	amount is required , provide your reason(s) (250 char. max):
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	T		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* LAMBERT		
	Client Business Address*	Client Apartment of	or Suite Number
	1316 S. CONGRESS AVE		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* MAGELLAN DEVELOPMENT GROUP, LLC		
	Client Business Address*	Client Apartment	or Suite Number
	225 N. COLUMBUS DRIVE	STE 100	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	MEREDITH FAMILY REVOCABLE TRUST		
	Client Business Address*	Client Apartment	or Suite Number
	248 ADDIE ROY RD	STE C200	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		
			,

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0 OR (\$) Exact Amount	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	P & S INVESTMENTS I, LLC		
	Client Business Address*	Client Apartment of	or Suite Number
	8208 LONG CANYON		
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78730
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable* PARKE PROPERITES I, L.P.			
	Client Business Address* 1411 SLEDGE DRIVE	Client Apartment o	or Suite Number	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAIVIE				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	PARKER			
	Client Business Address*	Client Apartment	or Suite Number	
	4213 HIDDEN CANYON COVE			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* POWERFIN PARTNERS			
	Client Business Address*	Client Apartment	or Suite Number	
	100 CONGRESS AVE	17TH FLOOR		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\square I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL			
	Client Business Address*	Client Apartment of	or Suite Number	
	2614 EXPOSITION BLVD			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*		1 10703	
BUSINESS	EDUCATION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable* REDDEHASE			
CHENT	Client Business Address* 715 GOLF CREST LN	Client Apartment c	or Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78734	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	REIT MANAGEMENT AND RESEARCH, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	255 WASHINGTON STREET	STE 300		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	NEWTON	MA	02458	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b: **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00	amount is <mark>required</mark>	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	RICE		
	Client Business Address*	Client Apartment o	or Suite Number
	54 RAINEY ST	#1004	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (2)		
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* PO BOX 9556 Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of Client State* TX	Client Zip Code* 78766

Section 3b: **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
Per City Code Section 4-8-6(A)(j), the exact compens for compensation totaling \$500,000 or more.			amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* RYAN STREET & ASSOCIATES		
	Client Business Address*	Client Apartment of	or Suite Number
	2414 EXPOSITION BLVD	STE B-140	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78703
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
Per City Code Section 4-8-6(A)(j), the exact compens for compensation totaling \$500,000 or more.			amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS		
	Client Business Address*	Client Apartment o	or Suite Number
CHENT	4501 SPRINGDALE ROAD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78723
NATURE OF	Nature of Client's Business*		
BUSINESS	RESTAURANTS		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0 OR (\$) Exact Amount	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE BROHN GROUP		
	Client Business Address*	Client Apartment o	or Suite Number
	1550 TIMOTHY ROAD	STE 201	
CLIENT ADDRESS AND	Client City* ATHENS	Client State*	Client Zip Code*
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* THE UNIVERSITY OF TEXAS SYSTEM		
	Client Business Address*	Client Apartment of	or Suite Number
	201 WEST 7TH STREET		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701
NATURE OF	Nature of Client's Business*		
BUSINESS	HIGHER EDUCATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (25)		
	If you fail to provide the above chefit	Compensation information,	, provide your reason(s) (250 char. max).

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	TRAMMELL CROW		
	Client Business Address*	Client Apartment o	r Suite Number
	100 CONGRESS AVE	STE 225	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	TRAVIS HOTEL GROUP, LLC		
	Client Business Address*	Client Apartment o	or Suite Number
	2711 N HASKELL AVE	STE 2800	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	DALLAS	TX	75204
NATURE OF	Nature of Client's Business*		
BUSINESS	HOSPITALITY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0 OR (\$) Exact Amount	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	TRINE WOODS, LLC		
	Client Business Address*	Client Apartment	or Suite Number
	13945 U.S. HWY 183 N	STE D-190	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78717
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is requir for compensation totaling \$500,000 or more.		amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable * TRUDY'S TEXAS STAR, INC.		
	Client Business Address*	Client Apartment of	or Suite Number
	8133 MESA DR.	#206	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AOSTIN		78735
NATURE OF	Nature of Client's Business*		
BUSINESS	RESTAURANTS		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* W&G PARTNERSHIP		
	Client Business Address*	Client Apartment	or Suite Number
	2801 VIA FORTUNA	STE 525	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78746
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
	1		
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* HYDE PARK BAPTIST CHURCH		
	Client Business Address*	Client Apartment o	or Suite Number
	3901 SPEEDWAY		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*
NATURE OF	Nature of Client's Business*		
BUSINESS	RELIGOUS ASSEMBLY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* MAJOR LEAGUE SOCCER (MLS)		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 420 FIFTH AVENUE Client City* NEW YORK Nature of Client's Business* DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIE	Client Apartment of 7TH FL Client State* NY	Client Zip Code*

Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0 OR (\$) Exact Amount
COMPENSATION	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\square I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	HI TECH AUTO GROUP		
	Client Business Address*	Client Apartment o	or Suite Number
	3800 SOUTHWEST FREEWAY	STE 300	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	HOUSTON	ТХ	77024
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		
NAME Client is an individual CLIENT ADDRESS AND NATURE OF	HI TECH AUTO GROUP Client Business Address* 3800 SOUTHWEST FREEWAY Client City* HOUSTON Nature of Client's Business*	STE 300 Client State*	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
	1		
CLIENT			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* MANIFOLD REAL ESTATE		
	Client Business Address* PO BOX 200463	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78720
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000 c		amount is <mark>required</mark>
	If you fail to provide the above Client Cor	npensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable * PRECOURT SPORTS VENTURES, LLC		
	Client Business Address*	Client Apartment o	r Suite Number
	1 BLACK & GOLD BLVD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	COLUMBUS	ОН	43211
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Par City Code Section 4.9 C(A)(i) t	ha avast sammansation s	amount is required
	Per City Code Section 4-8-6(A)(j), t for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

Indicates a required field

Add Another Client Page

Delete this page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT	□ I employed or retained no employees during	the applicable reporting period
PERSON EMPLOYED OR RETAINED	Title First Name* Last Name * Employer*	Middle Suffix Occupation*
BUSINESS ADDRESS	Business Address* City*	Apartment or Suite Number State* Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ Is the person identified above related (within the th Council Member, or a member of their household, a If yes, describe the nature of their employment *requ First Name of Mayor/Council Member Lagrange A.	as defined in City Code Section 4-8-6(A)(5)?

* Indicates a required field



If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others
	(\$) Food and Beverages
	(\$) Transportation and Lodging
	(\$) Gifts (other than Awards and Mementos)
EXPENDITURE	(\$) Entertainment
TOTALS	(\$) Awards and Mementos
(Blank values	(\$) Honorariums
will be interpreted as \$0)	(\$) Attendance of Council Members at Charitable Events or Fundraisers
	(\$) Media Communications (broadcast, print, advertising, etc.)
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME		*	
AND	Organization Name or Payee Last Name,	as applicable "	
BUSINESS			
INTEREST	This payee is a business or business i		
Davis a in an in dividual	If yes, First Name of City Official	Last Name of City	Official
Payee is an individual			
	Department of City Official	Job Title of City O	fficial
	Payee Address/ PO Box*	Pavee Anartr	nent or Suite Number
PAYEE	rayee Addressy FO Box	T dyce Aparti	There of Saite Number
ADDRESS	Payee City*	Payee State	Payee Zip Code*
	Tayee city	1 dyce state	T dyce 21p code
	(\$) Expenditure Amount* Expendi	ture Date* Category*	
EXPENDITURE			
DETAILS	Purpose of the Expenditure*		
Identify each City Official w	ho benefitted from or who ma	y have been influenced by the	a ovnanditura if applicable
City Official First Name	City Official Last Name	Department	Job Title
City Official First Name	City Official Last Name	Берагинени	Job Title
Add Another Expenditure Page		Delete	this page ge 123 of 124 Revised: 9/25/2017



Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

MELISSA NESLUND	11/7/2017
Typed Name	Report Date*

Electronic Submission and Signature

I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.